



10-14-04

EXPRESS MAIL NO. EV449564357US

26/4
S

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/239,907
Filing Date	January 29, 1999
First Named Inventor	Andrew MacCormack
Art Unit	2614
Examiner Name	Scott E. Beliveau
Attorney Docket No.	858063.435

RECEIVED

OCT 21 2004

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number _____ of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below):
--	---	---

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	Timothy L. Boller	Customer Number 00500
Signature		
Date	October 13, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

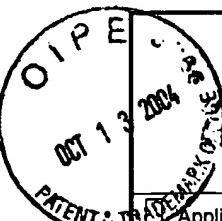
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date:

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.



Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 320)

Complete if Known

Application Number	09/239,907
Filing Date	January 29, 1999
First Named Inventor	Andrew MacCormack
Examiner Name	Scott E. Beliveau
Art Unit	2614
Attorney Docket No.	858063.435

RECEIVED

OCT 21 2004

METHOD OF PAYMENT

<input checked="" type="checkbox"/> Payment Enclosed:	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other
<input type="checkbox"/> Deposit Account:	
Deposit Account Number	19-1090
Deposit Account Name	Seed Intellectual Property Law Group PLLC

The Director is authorized to (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 Charge any deficiencies

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	44	-36** =	8	*	18	=	144	Extra Claims	Fee from below	Fee Paid
Independent Claims	10	-8** =	2	*	88	=	176			
Multiple Dependent										

Large Entity	Small Entity	Fee Description		
Fee Code	Fee (\$)	Fee Code		
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 320)		

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)
Technology Center 2600

3. ADDITIONAL FEES		4. PETITIONS	
Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2520	1812	2520
1804	920*	1804	920*
1805	1840*	1805	1840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1530	2254	765
1255	2080	2255	1040
1401	300	2401	150
1402	300	2402	150
1403	300	2403	150
1451	1510	1451	1510
1452	110	2452	55
1453	1370	2453	685
1501	1370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____		SUBTOTAL (3) (\$ 0)	

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Customer Number	
Name (Print/Type)	Timothy L. Boller	Registration No. Attorney/Agent	47,435
Signature		Date	October 13, 2004
00500			

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

523496_1.DOC



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Andrew MacCormack et al.

RECEIVED

Application No. : 09/239,907

OCT 21 2004

Filed : January 29, 1999

Technology Center 2600

For : DIGITAL RECEIVER DEMULTIPLEXER

Examiner : Scott E. Beliveau

Art Unit : 2614

Docket No. : 858063.435

Date : October 13, 2004

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT

Commissioner for Patents:

In response to the Office Action dated July 13, 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.

10/19/2004 RMEBRAHT 00000012 09239907

01 FC:1201
02 FC:1202176.00 OP
144.00 OP